

MULTIPLE DEPT. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4						
5						
6						
7						
8						
9						
10						
11	1					
12						
13						
14	1					
15						
16						
17	1					
18						
19						
20	1		1			
21	1		1			
22	1	C	C			
23	1		1			
24	1					
25	1					
26	1		(1)			
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37	1					
38	1					
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					2	↓
TOTAL DEP.	←	←	←	35	←	
TOTAL CLAIMS				37		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65		1				
66		1				
67	C	C	1			
68		1				
69						
70						
71						
72	C	C				
73						
74	C	C				
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95		1				
96						
97						
98						
99						
100						
TOTAL IND.						↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						